

Labor Organization Officer
and Employee Report

U.S. Department of Labor

Office of Labor-Management Standards



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

OMB No. 1214-0001 12/31/86

LM000 085

1. Name and address of person filing Douglas J. McCarron 50 F Street, NW, 7 th Floor Washington, DC 20001 <i>101 CONST. AVE, D.W. 10th Fl.</i>		2. Name and address of labor organization United Brotherhood of Carpenters and Joiners of America 50 F Street, NW, 7 th Floor Washington, DC 20001 <i>101 CONST. AVE, D.W. 10th Fl.</i>	
3. Position in labor organization General President	4. Date fiscal year ended December 31, 2002	5. File number (if assigned) U - 1346	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name of Employer Address of Employer

7. Nature of Interest, Transaction or Income

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of business Address of business
ULLICO Inc. and The Union Labor Life Insurance Company, 111 Massachusetts Avenue, NW, Washington, DC 20001

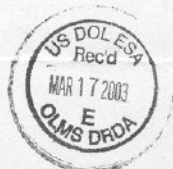
9. Business deals with—
☐ A. Labor Organization ☐ B. Trust ☐ C. Employer

10. If 9B or 9C is checked give trust or employer's name

11. Nature and approximate dollar value of such dealings
The Carpenters have insurance policies with Union Labor Life for which \$5,202,294.91 in premiums were paid. Affiliated local unions and Funds, in which they have an interest, also carry policies with Union Labor Life. The International Union, affiliated local unions, and Funds, in which they have an interest, have pension plan contracts with Union Labor Life into which deposits may be made.

12. Nature of interest held or income received

Director's Fees and Fees for attending Directors Meetings - \$22,500.00



C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13. Name and address of employer <input type="checkbox"/> or consultant <input type="checkbox"/>	14. Nature of payment
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IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

15. Signature and verification—The undersigned declares, under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signed: *Douglas J. McCarron* at *Washington D.C.* City State on *3-10-03* Date